

# Capstone Summary Report: Team DELTA 2011-2012



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The North Carolina Coalition Against Domestic Violence  
The North Carolina DELTA State Steering Committee  
Family Violence and Rape Crisis Services of Chatham County  
Gillings School of Global Public Health, UNC-Chapel Hill

**DELTA Community Assessment and Evaluation Project in New Hanover County, NC**

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**We have complied with the requirements of the Honor code in all aspects of this submitted work.**

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## **Acronym Guide**

CCR – Community Coordinated Response

CDC – Centers for Disease Control and Prevention

CFP – Coalition for Family Peace

DELTA – Domestic Violence Prevention Enhancement and Leadership Through Alliances

DV – Domestic Violence

EVOLVE! – Encouraging Values and Opportunities for Living in a Violence-free Environment

FVRC – Family Violence and Rape Crisis Services of Chatham County

IPV – Intimate Partner Violence

NCCADV – North Carolina Coalition Against Domestic Violence

SV – Sexual Violence

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## Abstract

**Background:** An estimated one in five North Carolina women report experiencing violence by an intimate partner in their lifetime, putting them at increased risk for serious negative physical, emotional, mental, and sexual health outcomes (CDC, 2011). The Centers for Disease Control and Prevention (CDC) funds the North Carolina Coalition Against Domestic Violence's (NCCADV) efforts to prevent first time perpetration of domestic violence (DV) as a part of a CDC collaborative called Domestic Violence Prevention Enhancement and Leadership Through Alliances initiative (DELTA). DELTA is a national initiative that funds 14 state domestic violence coalitions to provide support, training and technical assistance to increase the capacity of statewide systems to support the prevention of DV and increase the capacity of local practitioners to plan, implement and evaluate efforts that prevent first time perpetration of DV and promote healthy relationships. In North Carolina, efforts on the local level are concentrated within two Coordinated Community Response (CCR) teams in New Hanover County and Chatham County. **Methods:** In collaboration with members from EVOLVE! Wilmington, NCCADV and NC DELTA's, the 2011-2012 Capstone team supported the assessment and evaluation of local initiatives in New Hanover, NC. The Capstone team worked to achieve this goal through two distinct groups of deliverables: (1) the community assessment deliverables and (2) the process and outcome evaluation deliverables. The deliverables for the community assessment component of our work plan included: (1a) the Community Assessment Survey, (1b) a PowerPoint presentation of the community assessment findings, and (1c) a fact sheet of community assessment findings. The deliverables for the evaluation component of our work plan included: (2a) process and outcome evaluation toolkits for both the Civil Workplace Summit and Faith Leader Trainings, and (2b) a 5-hour evaluation training workshop. The tools were developed collaboratively with CCR members and designed to increase organizational capacity and increase the likelihood of institutionalization within the organization. **Results:** Working on the community assessment deliverables, the Capstone Team found that the current survey was too long and implementation plan presented challenges to achieving a large and diverse sample size. Changes were made to revise the survey and maximize community partner resources in the data collection process. Over 500 respondents participated in the community assessment. Key findings from the data analysis included: Respondents recognize that sexual and domestic violence are problems on the county level, but not within their workplace or among close friends; There was almost no variation between the percent of men and women who agreed with domestic and sexual violence myths; There was a large variation in percent of respondents who agreed with domestic and sexual violence myths between education levels; Younger and older age groups had the lowest bystander efficacy; Over 95% of people felt that services should be funded to both support victims and their children and to prevent domestic violence and sexual violence; Zip code 28412 had the lowest awareness of domestic and sexual violence services. Working on the evaluation deliverables, the Capstone team found that three out of the five EVOLVE! Wilmington projects did not have consistent implementation and clear logic models, and therefore did not have the capacity to begin evaluation. Additionally, current tools are long, overly complicated and cumbersome to fill out; tools should be simplified and pared down for intended users. Based on a participant evaluation of the training workshop, the Capstone team found that: Participants' confidence in creating logic models and using SurveyMonkey™ increased; Most participants indicated that they would use the information from the training to implement changes in their organization. **Discussion:** The deliverables, in concert with ongoing technical assistance and support from NCCADV and NC DELTA will likely increase the capacity of local CCR staff to revise and refine DV prevention programming in New Hanover County.

**Deliverables:**

- Community Assessment Survey of domestic violence knowledge, attitudes, and beliefs in New Hanover County
- Presentation of findings on domestic violence knowledge, attitudes, and beliefs in New Hanover County
- One-page fact sheet of findings on domestic violence knowledge, attitudes, and beliefs in New Hanover County
- Process and outcome evaluation toolkits for New Hanover's Civil Workplace Summit domestic violence prevention program
- Process and outcome evaluation toolkits for New Hanover's Faith Leaders Training domestic violence prevention program
- Training workshop on use of process and outcome evaluation toolkits for New Hanover and Chatham County domestic violence prevention staff

## **Introduction**

The Capstone project is a key component of the curriculum for the Masters of Public Health in Health Behavior and Health Education at the UNC Gillings School of Global Public Health. The Capstone project consists of a yearlong mentored field project in which a team of students partner with a community organization in order to work toward shared public health goals. This is the third year that a Capstone team has worked with North Carolina Coalition Against Domestic Violence (NCCADV) on work related to evaluation of the North Carolina Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) project. Leah Perkinson, the Prevention Coordinator at NCCADV, has served as each team's primary community partner for all three DELTA Capstone teams. In the Capstone's first year, 2009-2010, the Capstone team focused on increasing capacity at the state-level to support domestic violence (DV)<sup>1</sup> prevention activities (Casey et al., 2011). In the second year, 2010-2011, the Capstone team focused on developing local-level evaluation initiatives for the Coalition for Family Peace (CFP), Chatham County's Coordinated Community Response Team (CCR). Evaluation tools were developed in close collaboration with CFP and with Family Violence and Rape Crisis Services (FVRC) in Chatham County, NC, CFP's local fiscal agent. The 2011-2012 team continued the local-level evaluation initiatives started in 2010-2011, partnering with Reverend Rick Houston, a local Reverend and the Prevention Specialist of Encouraging Values and Opportunities for Living in a Violence-free Environment! (EVOLVE! Wilmington) in New Hanover County. Reverend Houston, and the members of EVOLVE! Wilmington, served as the secondary community partner for the 2012-2011 Capstone team.

The current and previous Capstone groups have all worked with NCCADV on projects related to the DELTA initiative, which was created by the Centers for Disease Control and Prevention in an effort to

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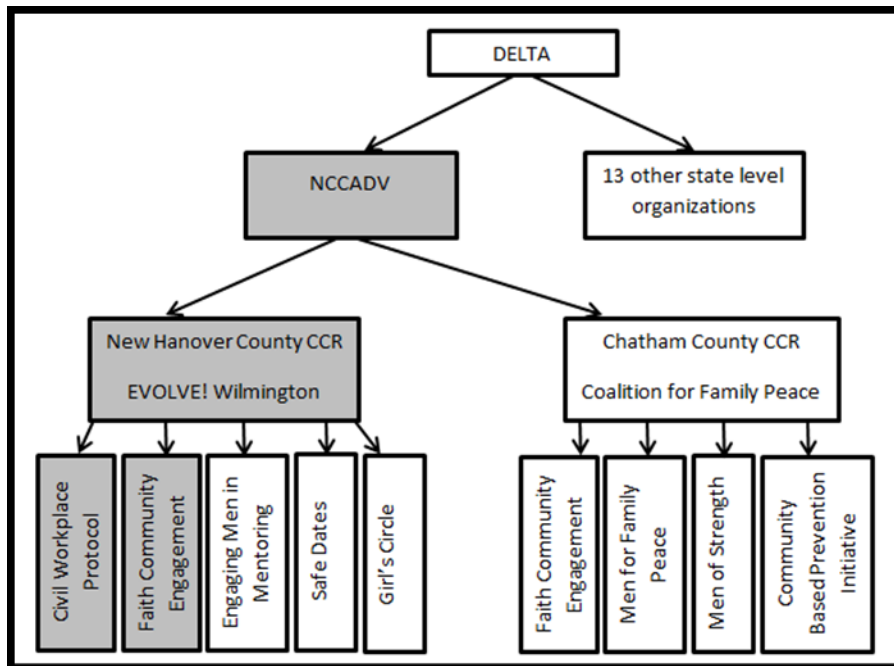
<sup>1</sup> Please note that within the current body of literature the terms domestic violence (DV) and intimate partner violence (IPV) are used inconsistently and often interchangeably. However, for the purposes of this document the authors have chosen to use the term DV.



support and engage in efforts that prevent first time perpetration of DV and promote healthy relationships (CDC) in 2002. The DELTA initiative was designed to reduce the incidence of DV through funding community level efforts (Centers for Disease Control and Prevention, 2011). Funding is passed down from the federal level to state domestic violence coalitions, who then disperse funds to the CCRs for primary prevention efforts at the community level (Centers for Disease Control and Prevention, 2011). As part of the DELTA initiative, evaluators are working with individuals at the state and local level to evaluate the impacts that DELTA funded programming has had on the prevention of DV (Centers for Disease Control and Prevention, 2011).

The DELTA initiative currently funds 14 statewide domestic violence coalitions to support state and local prevention efforts (Centers for Disease Control and Prevention, 2011). Since the creation of DELTA, North Carolina has been a recipient of DELTA funding with NCCADV serving as the state-level coalition. NCCADV uses DELTA funds to support the prevention efforts of two local CCRs, Coalition for Family Peace in Chatham County in Chatham County and EVOLVE! Wilmington in New Hanover County (NCCADV, 2011).

EVOLVE! Wilmington is comprised of volunteers divided into five teams, each focusing on prevention efforts in different areas of the community. Our Capstone team worked specifically with two of these teams, the Business Community Action Team and the Faith Community Action Teams (indicated in gray on Figure 1).



**Figure 1.** Visual of the DELTA structure.

The Business Community Action team focuses on knowledge, attitudes and norms around DV as they relate to the workplace. The team's primary program is the annual Civil Workplace Summit, a free two-day summit designed for human resource personnel and business managers focusing on the impact of domestic violence in the workplace. The Faith Community Action Team focuses on knowledge, attitudes and norms around DV as they relate to faith communities. Throughout the year, at the request of various religious organizations, the Faith Community Action Team provides workshops on DV to faith community members, lay leaders, and pastors.

### **Work Plan Deliverables Rationale**

The aim of both the DELTA initiative and EVOLVE! Wilmington is to decrease the incidence of DV. Our Capstone team contributed to this work through the overall goal of building EVOLVE! Wilmington's capacity to improve their DV prevention programming. We worked to achieve this goal through two distinct groups of deliverables: (1) the community assessment deliverables and (2) the process and outcome evaluation deliverables. The deliverables for the community assessment

component of our work plan included: (1a) the Community Assessment Survey, (1b) a PowerPoint presentation of the community assessment findings, and (1c) a fact sheet of community assessment findings. The deliverables for the evaluation component of our work plan included: (2a) process and outcome evaluation toolkits for both the Civil Workplace Summit and Faith Leader Trainings, and (2b) a 5-hour evaluation training workshop. Both the community assessment and evaluation components of our work serve to refine New Hanover County's current prevention efforts based on process and outcome evaluation data and data from the community assessment, as depicted in Figure 2. The diagram visually illustrates the synergy between these two distinct components and how they work towards our collective purpose.



**Figure 2.** Integration of the 2011-2012 DELTA Capstone Team's community assessment deliverables and evaluation deliverables.

This report outlines the details of our experience partnering with NCCADV and EVOLVE! Wilmington. It includes a background on our methods, the rationale for our Capstone project, our plan for sustainability, our work plan approach and logic model, community engagement and assessment process, key deliverables, potential impacts of our project, key findings, and lessons learned.

## **Background**

In addition to being a fundamental denial of human rights, domestic violence (DV) is linked with a vast array of health outcomes that damage social structures and contribute to the global burden of disease (General Assembly, 1993). In this paper, we use female pronouns and refer to victims of DV as women. This is because the vast majority of victims of DV are women and they bear the greatest burden of this public health issue (Centers for Disease Control and Prevention, 2011). DV is defined as physical, emotional, sexual or economic abuse by a current or former spouse or partner and can range from a single act of violence to more frequent acts of violence where one partner works to gain control over the other partner (Centers for Disease Control and Prevention, 2009). Chronic pain, depression, reproductive disorders, and post-traumatic stress are among the negative health outcomes attributed to DV (Mikton, 2010). In the United States alone, costs associated with DV exceed \$8.3 billion dollars annually (Centers for Disease Control and Prevention, 2011). These costs include medical care, mental health services, lost productivity and wages.

In addition to the outcomes listed above, many public health researchers and practitioners consider the experience of DV itself as a health outcome of interest. The CDC identified violence as a leading public health problem in the mid-1980s, followed by the World Health Assembly in 1996 (Rosenberg et al., 2006). This has led to an increased focus on using a scientific, evidence-based public health approach to understanding and intervening on many types of violence (Rosenberg et al., 2006). The CDC's DELTA initiative aims to prevent first-time perpetration of DV and first-time victimization (Centers for Disease Control and Prevention, 2011)

## **Information Gaps**

Data on DV are difficult to find, incomplete, or have discrepancies in measurement preventing comparison with other data sets. Most available data come from health services, law enforcement, or survey research (Krug, Mercy, Dahlberg, & Zwi, 2002). Any one of these sources is subject to bias

because many victims and survivors, for a variety of reasons, choose not to report DV. Therefore, the data that do exist tend to under-represent the true magnitude of the problem (Smith, 1994). Varied ways of classifying the frequency of DV in a woman's life also contribute to challenges with data. For example, some studies only measure violence occurring in the past 12 months; whereas other studies might measure lifetime experiences of domestic violence (Smith, 1994).

In addition to measurement issues, DV research to date has focused on the individual-level experiences of victims and survivors of DV, which has had a limited impact on rates of DV (Jewkes, 2002). For example, these individual-level interventions might include providing shelter services and restraining orders to women escaping violence. While these responses are crucial for victims and survivors in crisis, additional research and interventions are needed to more effectively prevent DV from occurring in the first place.

There is a lack of evidence demonstrating the effectiveness of most DV primary prevention programming (Mitchell-Clark & Autry, 2004). The body of DV prevention research is scant and funding dedicated to the development, implementation, and evaluation of DV prevention programs is limited (Martin et al., 2009). As a result, there is little evidence base upon which to inform best practices for DV prevention (Hickman, Jaycox, & Aronoff, 2004; Mitchell-Clark & Autry, 2004; Whitaker et al., 2006).

## **DV Prevention**

Prevention science maintains that a reduction of risk factors and an enhancement of protective factors at the individual and environmental levels can prevent detrimental health outcomes (Hawkins et al., 2002). Prevention of first time perpetration of DV is guided by identifying risk and protective factors that predict the likelihood of first time perpetration of DV. Behavior change resulting from teen dating violence prevention programs has been demonstrated; however, additional research is needed to determine the specific risk and protective factors that influence violent behavior (Foshee et al., 1998; Whitaker et al., 2006). Although correlations between DV perpetration and risk factors have been

identified through cross-sectional studies, an underlying causal model for first time perpetration of DV has not been identified (Guterman, 2004). Supporting evaluation efforts is a first step to understanding the causes of DV and ways to prevent it.

Efforts to prevent DV should influence individuals, interpersonal relationships, and the community as a whole. Intervening on the individual level might include a program designed to improve/change psychosocial characteristics such as attitudes towards women and beliefs about equitable gender norms. A community intervention might include a social media campaign encouraging community members to speak up when they overhear a sexist remark. Researchers and practitioners believe these types of efforts will be effective because research in multiple settings has shown how inequitable and rigid gender norms, as well as power imbalances between women and men, lead to DV (Ricardo & Barker, 2008). Also, findings indicate that adult and adolescent men who adhere to more rigid views about masculinity are more likely to report use of violence against a partner (Promundo and ICRW, 2011). These findings suggest that inequitable gender norms play a major role in DV and efforts to prevent DV should be multifaceted in order to address these societal-level concerns (McLeroy, Bibeau, Steckler, & Glanz, 1988).

### **Utilization-Focused Evaluation**

A Utilization-Focused Evaluation framework guided the process and outcome evaluation deliverables of our workplan. The CDC mandates evaluation of local DELTA site programming in order to improve and sustain prevention efforts, thereby increasing the likelihood that New Hanover County will experience a decrease in the incidence of DV. Previous DELTA Capstone teams developed process and outcome evaluation tools aimed at evaluating primary prevention efforts; however, uptake and institutionalization of evaluation tools and processes has not yet occurred. EVOLVE! Wilmington, the Coalition for Family Peace, and NCCADV identified lack of time and resources to coach CCR members in evaluation processes as the main factor inhibiting initial uptake. This group also identified the need to

refine the tools, make them more user-friendly, and support CCRs with technical assistance from NCCADV in order to increase the chances that evaluation practice would be adopted. To refine the evaluation tools for the New Hanover context and encourage institutionalization, the 2011-2012 DELTA Capstone team chose to employ Utilization-Focused Evaluation (UFE). UFE is a framework for evaluation asserting that evaluations should be judged by their utility and actual use by the intended users (Patton, 2002). The goal of this evaluation framework is to work closely with the intended users so they will be able to implement changes based on the evaluation findings (Patton, 2002).

The literature suggests that employing a UFE framework will encourage intended users to begin to use the tools to evaluate their programs (Patton, 2002). Sustained evaluation efforts will provide intended users information about their interventions that will help the organization make changes to future programming and this information will add to the overall evidence base for DV prevention. The UFE framework also encourages a commitment to ongoing evaluation and continuous programming improvement, thus improving an organization's chances for continued grant funding.

## **Community Assessment**

The literature on the uses and benefits of community assessments guided the community assessment deliverables of our work plan. The purpose of a community assessment is to recognize factors that affect the health of a community or population and to use this information to improve health (Healthy Carolinians, 2012). A community assessment shows us that determinants of good health can include behavioral, social, and cultural components (Israel, 2005; Krieger, 2003). Also, the assessment helps communities understand their strengths and needs, and can help a community to identify where they are in relation to a particular health outcome, where they want to be, the resources they have to get there, and the resources they need (Israel, 2005).

Prevention of DV is rooted in improving individual attitudes and knowledge, and shifting larger organizational, cultural, and societal norms. A community assessment is a crucial step in understanding

all of these components. By understanding how the community perceives DV, why it occurs, who is responsible, how to address and prevent it, EVOLVE! Wilmington's programming can more effectively target the attitudes and norms identified in the assessment that may contribute to, support, or otherwise help to sustain the perpetration of DV.

## **Methods**

### **Logic Model**

As previously mentioned, the overall goal of the CDC's DELTA initiative is to prevent first time perpetration of DV (CDC, 2011). Our Capstone team's efforts aim to contribute to DELTA's overarching goal by providing EVOLVE! Wilmington members with the tools and training to increase their capacity to refine and improve their prevention programming. The following section describes how our Capstone team accomplished the immediate outcomes and how change is expected to occur within New Hanover County.

In order to show a logical relationship between the collective goals presented above, the resources invested, and the activities that took place, we developed a logic model. A logic model is a basic tool or blueprint that outlines how a program or process arrives at the end goal. Logic models can be a visual or verbal representation of how inputs or resources, such as staff and funding, are utilized through activities to produce outputs, such as the project deliverables. The outputs then lead to outcomes, intended short term changes in the target population, which will eventually lead to changes in a long-term goal. In addition to facilitating the understanding of a program, logic models are an important component of process and outcome evaluations because they clearly indicate the major steps that lead to changes in outcomes (Kellogg, 2004).

Figure 3 is a visual representation of the steps taken throughout the 2011-2012 academic year to reach the stated goals and objectives of this Capstone experience. Human resources, preexisting funding through the CDC, pre-established partnerships with local CCRs, and preexisting assessment and

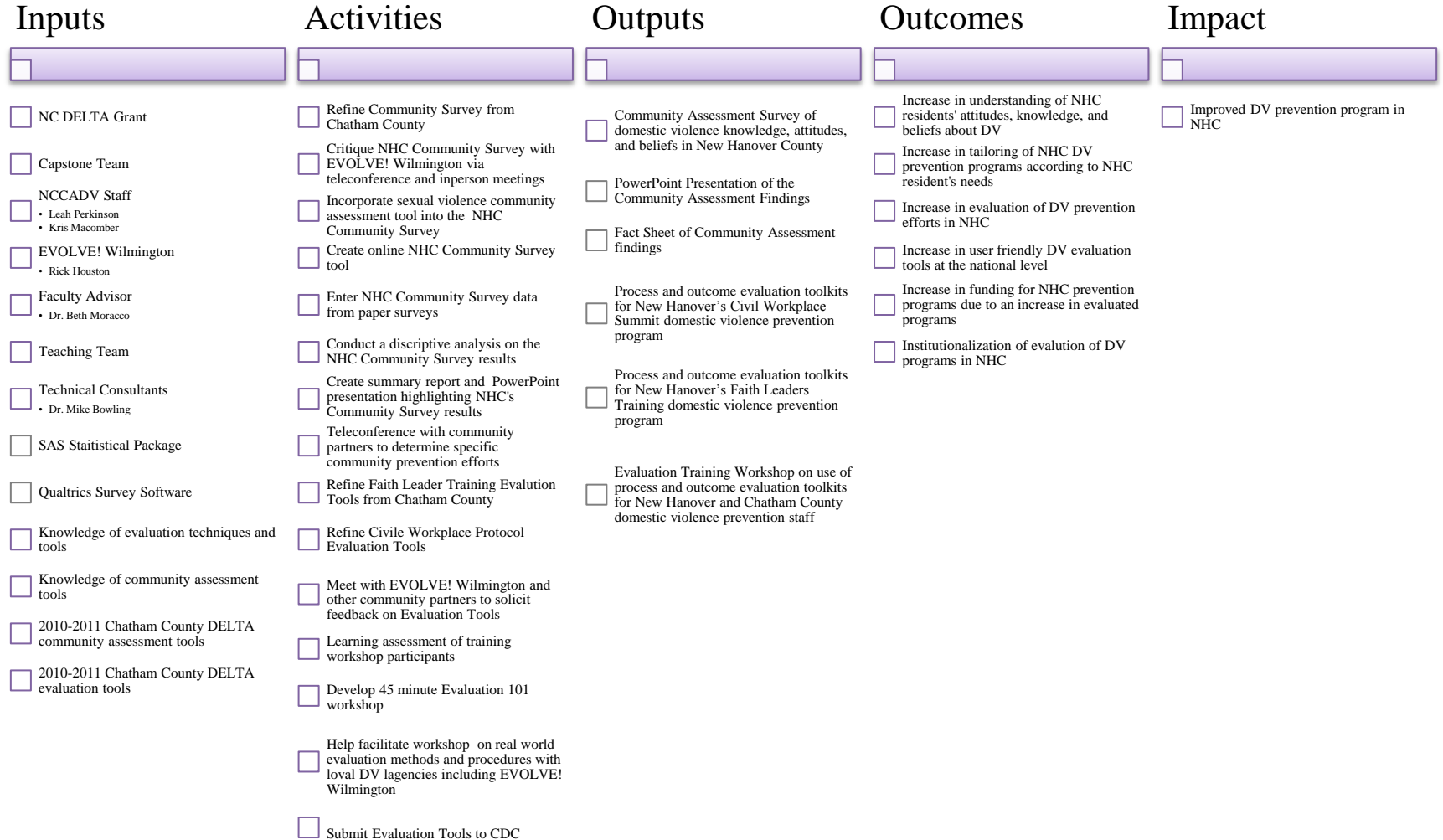


evaluation tools are the main inputs into this Capstone experience. Human capital includes the Capstone team, community partners at NCCADV and EVOLVE! Wilmington, as well as our faculty advisor. By pooling these resources and collaborating with our community partners, a Community Assessment Survey of New Hanover County residents' attitudes, knowledge, and beliefs about domestic and sexual violence (SV) was created by refining the Chatham County community assessment survey, developed by the 2010-2011 Capstone team. The CCR members were responsible for distributing both the paper and electronic copies of the Community Assessment Survey to New Hanover County residents. These data were entered into a statistical package and analyzed for results and trends. After this analysis, the PowerPoint presentation and fact sheet of community assessment findings were produced.

Additionally, we developed the process and outcome evaluation toolkits for two current prevention efforts in New Hanover County: an annual Civil Workplace Protocol Summit and an ongoing Faith Leaders Training. We designed an appropriate evaluation-training workshop for New Hanover and Chatham County CCR members.

The main outputs for this project are (1a) a Community Assessment Survey, (1b) a PowerPoint presentation of the community assessment findings and (1c) a fact sheet of community assessment findings, (2a) process and outcome evaluation, and (2b) an evaluation training workshop. With ongoing technical assistance and support from NCCADV and DELTA, the community-informed tools and resources produced by our Capstone team will aid capacity building around community assessment and evaluation data collection and utilization to inform programming in New Hanover County. As a result of these outputs, EVOLVE! Wilmington will have increased knowledge of residents' beliefs and attitudes toward DV. With this knowledge, EVOLVE! Wilmington can adapt, continuously evaluate, and tailor prevention programs to better address New Hanover County's needs. By tailoring and evaluating programs, EVOLVE! Wilmington's marketability to funders, such as the CDC, will improve and their chances of continuously receiving funds for their DV prevention efforts will also increase. Finally, the

culmination of these efforts is DV prevention programs in New Hanover County that are more effective because they are reflective of the needs of county residents.



**Figure 2.** Logic model for the 2011-2012 NC DELTA Capstone team. New Hanover County is abbreviated as (NHC) for this figure.

## **Description of Deliverables**

**Community assessment deliverables.** In 2010, NCCADV, EVOLVE! Wilmington and Chatham County's CCR, the Coalition for Family Peace, determined that a community assessment of knowledge, attitudes and beliefs about domestic violence would be helpful at informing programming in New Hanover and Chatham counties. Our Capstone team built on the existing work in Chatham County, editing Chatham County's survey in collaboration with EVOLVE! Wilmington members to reflect the needs and specific concerns of New Hanover County.

The CCR members performed all the data collection, receiving a total of 513 respondents. We analyzed the findings with guidance from EVOLVE! Wilmington members on which questions, demographics, and variables they were most interested in. We then created a PowerPoint and one-page fact sheet to present the results in a way that is both easy to disseminate and will meet NCCADV reporting needs. Using the PowerPoint and fact-sheets, our Capstone team presented the results of the community assessment after the evaluation training workshop in New Hanover, with the purpose of disseminating the information to our key stakeholders. The presentation of results and the discussion increased the awareness and knowledge about community attitudes and beliefs related DV and SV in New Hanover County. The PowerPoint and fact-sheets also provide our community partners with a valuable tool for funding applications and communicating with their stakeholders. The various deliverables within the community assessment component therefore work as an integrated whole to build EVOLVE! Wilmington's capacity to improve their ongoing programming.

**Evaluation deliverables.** Since evaluating local prevention programming is a stipulation for funding through the CDC's DELTA initiative, developing user-friendly evaluation tools as well as local evaluation capacity was a priority for NCCADV and EVOLVE! Wilmington.

The process and outcome evaluation toolkits for the Faith Leaders Training and the Civil Workplace Protocol Summit used a UFE framework to ensure that the tools will be used in the future

without the assistance of outside evaluators or intensive technical support. The toolkits are a package of pre-, post-, 6-month follow-up, and process surveys with instructions on who should fill them out, when, and how the information should be analyzed. Our Capstone team developed these toolkits by adapting existing Chatham County tools through discussions with EVOLVE! Wilmington members. Together, we conducted an evaluability assessment, a systematic process intended to determine if program evaluation is feasible, justifiable and likely to provide results (Moracco, 2012). We also determined the appropriate evaluation design and analysis procedures. The tools were refined in an iterative, hands-on meeting in New Hanover County where members of EVOLVE! Wilmington reviewed each tool, commenting on the appropriateness of overall evaluation questions and specific items. After incorporating this feedback, the final tools were inputted into SurveyMonkey™ by NCCADV so that EVOLVE! Wilmington will have a platform to collect and analyze evaluation data in the future.

A UFE framework also includes training intended users through simulations of data collection, input, analysis, and interpretation with hypothetical data. To increase capacity of the local CCRs in New Hanover County and Chatham County to evaluate their programming, we designed an interactive workshop on basic evaluation concepts and how to use the tools created by the 2010-2011 NC DELTA Capstone team for Chatham County and by the 2011-2012 Capstone team for New Hanover County. At the workshop, our Capstone team presented the 45 minute Evaluation 101 portion of the workshop and assisted with the facilitation of activities on how to use the existing tools with the SurveyMonkey™ platform. The various deliverables within the evaluation component therefore also serve to build EVOLVE! Wilmington's capacity to improve ongoing DV programming.

## **Sustainability**

Before beginning the work on our deliverables as laid out above, we considered how best to ensure that community assessment and evaluation efforts would be sustainable. Rabin et al. (2008) define sustainability as the extent to which an evidence-based program can deliver its intended benefits

over an extended period of time after external support from the donor agency is terminated. Some ways to measure sustainability include: the maintenance of health benefits through the development of monitoring and tracking systems; the institutionalization or integration of a program into the overall organization; and building capacity through strengthening community competency and ownership of the program (Shediac-Rizkallah & Bone, 1998). Sustainability is a key feature of most public health programs and should be outlined early in a program's development. Without a sustainability plan the limited time, effort, and funding resources of the community may not be efficiently used to advance or sustain long-term programming.

Achieving sustainability varies considerably across programs and depends upon the overall programmatic goals and long-term vision of a particular project. Using the Shediac-Rizkallah & Bone framework to conceptualize sustainability for the purposes of this Capstone, we defined sustainability of the project as: (1) the institutionalization of evaluation protocols among EVOLVE! Wilmington members, (2) strengthened community competency in evaluation methods (collecting, analyzing, interpreting data), and (3) increased assessment and evaluation activities among EVOLVE! Wilmington members. In order to increase the likelihood that these indicators would be met, we first considered the variety of components that influence sustainability, including project design and implementation factors, organizational factors, and factors within the broader community. Our analysis of these factors is included in the results section.

## **Engagement**

Both achieving sustainability and successfully completing the activities, outputs, and outcomes laid out in our logic model required a meaningful engagement plan with our intended beneficiaries, the EVOLVE! Wilmington members. The CDC (1997) defines community engagement as “working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or

similar situations to address issues affecting the wellbeing of those people.” As such, the process of community engagement is a vital step in program development in communities.

**Intended beneficiaries.** The collective goal of our work plan is to build the capacity of EVOLVE! Wilmington to improve their DV prevention programming. Thus, the stakeholders and intended beneficiaries of our deliverables were Reverend Houston and other EVOLVE! Wilmington members. As a Capstone team, we worked directly with members of EVOLVE! Wilmington on both the community assessment and evaluation components of our work plan; however, the level and type of stakeholder engagement differed by deliverable.

**Engagement activities.** Developing a working relationship and engaging with EVOLVE! Wilmington was a continuously evolving process that took different forms throughout our work. Initially, we worked primarily with Reverend Houston. At the start of the academic year, we had several telephone conferences with Reverend Houston regarding information for both the community assessment and process and outcome evaluation components. These meetings provided us valuable insight into Reverend Houston’s role within the CCR, the structure, and general activities of EVOLVE! Wilmington. Yet, discussions over the telephone and information through Reverend Houston did not provide us with the direct, insider perspective that we needed in order to move forward with our projects and truly engage with the EVOLVE! Wilmington community. Therefore, our Capstone team sought additional engagement opportunities.

**Community assessment deliverables.** Our first engagement attempts were undertaken in order to collect information from EVOLVE! Wilmington members on how to tailor the Community Assessment Survey from the version designed for Chatham County to a New Hanover version. We needed input from members on how a community assessment could best assist EVOLVE! Wilmington to effectively plan and implement DV prevention programming. Our first efforts to reach out to the EVOLVE! Wilmington

community were mediated through Reverend Houston, who served as the liaison between our Capstone team and the members of the CCR. To that end, Reverend Houston sent an email out to the members of EVOLVE! Wilmington asking them to provide input and insight on the community assessment; however, we received little feedback. Thus, our first attempt at reaching out to the EVOLVE! Wilmington community was largely unsuccessful.

At this point, we revised our community engagement approach. In October 2011, we hosted a meeting in Wilmington for the CCR members where we introduced ourselves, the project, and explained the importance of their input in our Capstone activities. This meeting was a huge success. Face-to-face, the CCR members were excited and engaged, providing valuable insight into the New Hanover community, the programs currently being implemented, and how our work could best fit their needs. Our Capstone team continued to fully engage with EVOLVE! Wilmington as we began the analysis of the Community Assessment Survey. The analysis process was directed by the information needs articulated by Coastal Horizons and EVOLVE! Wilmington members. Our Capstone team kept an open dialogue with members, discussing emerging results and receiving guidance on which variables were most relevant to ongoing DV programming in New Hanover. We also worked with Coastal Horizons and EVOLVE! Wilmington members on the PowerPoint and fact sheet in order to determine a format for the dissemination of findings that would be most useful for their purposes and most easily understood by their audiences.

**Evaluation deliverables.** Our Capstone team's approach to community engagement as it relates to the process and outcome evaluation component was informed by the lessons learned from the community assessment process. We began by consulting with Reverend Houston in order to conduct an evaluability assessment of current prevention efforts. This process took place early in our engagement efforts and was largely informed by our initial conversations on program structure, and general activities of EVOLVE! Wilmington. We then followed the engagement process developed for the assessment



component by eliciting feedback from EVOLVE! Wilmington members during a meeting hosted in Wilmington in January 2012.

Complementing the development of the process and outcome evaluation toolkits, the team collaborated on a 5-hour workshop in April 2012 in order to increase EVOLVE! Wilmington's ability to conduct evaluation. The training as a whole covered evaluation basics, an introduction to SurveyMonkey™, the use of the toolkits, and a simulation of data collection, input, analysis and interpretation using hypothetical data. Overall, our sustainability and engagement efforts were designed to ensure the successful completion of the activities, outputs, and outcomes laid out in our logic model.

## **Results**

### **Sustainability Findings**

**Factors within the organizational setting.** Our Capstone team had a unique opportunity to work on a nationwide initiative while also interacting with a state coalition, county-level DV service providers, and EVOLVE! Wilmington. The established partnership between NCCADV and EVOLVE! Wilmington and their collective goal of using evaluation data to inform programming will increase the likelihood that EVOLVE! Wilmington will institutionalize evaluation protocols and tools into existing prevention efforts.

In addition to a well-developed and stable partnership, EVOLVE! Wilmington is also a long-standing, visible, and powerful force within the New Hanover community. The organization is made up of a team of dedicated volunteers from civic groups, religious groups, county government, businesses, private citizens for their prevention efforts. In addition, income is generated locally by the agency's operation of the popular Vintage Values Resale Shops. Members of the CCR's board bring a wide variety of knowledge, connections, and resources. They are leaders in the business and faith communities as well as academia, health institutions, schools, local government, and domestic violence services provision. Many have been involved since the CCR's inception, and are highly committed to EVOLVE! Wilmington's mission and work. This means that not only does the CCR possess organizational strength

for sustainability, this project is also well integrated within existing programs and services across multiple sectors (Shediac-Rizkallah & Bone, 1998), thus providing an excellent organizational base for the project.

Using ongoing community assessment and evaluation data to inform continual quality improvement and sustainability of programming is viewed by the CDC, NCCADV, and EVOLVE! Wilmington as crucial to program success. Assessment and evaluation were viewed not only as an effective way to plan future interventions, but also an important method to build an evidence-base for EVOLVE! Wilmington's programming. NCCADV has applied for and received federal funds dedicated to prevention efforts from the CDC since 2002 and is currently reapplying for further funding that will continue to support primary prevention efforts for another five-year cycle (CDC, 2011). The recognition among local, county, and state-level stakeholders of the need for data that improves the relevance, appropriateness, acceptability, and accessibility of prevention efforts will likely contribute to the sustainability of the EVOLVE! Wilmington's efforts, and position NCCADV well to apply for additional CDC prevention dollars.

Program champions, or advocates within an implementing organization, play an integral role in sustainability. Often program champions are in management positions, have strong negotiation skills and are willing to compromise (Shediac-Rizkallah & Bone, 1998). Fortunately, our Capstone team worked closely with two program champions at both the state and local level. Ms. Perkinson served as the program champion at the state level and provided advice and resources to ensure the deliverables were relevant for EVOLVE! Wilmington and in-line with CDC funding requirements. Reverend Houston was the second program champion with whom we worked, providing insight into the local context and advocating for our work among CCR members. Ms. Perkinson and Reverend Houston saw the benefit and utility of both the assessment and evaluation components of our work plan. They also understood the importance of working towards institutionalizing evaluation into existing programs and building local

capacity to perform evaluation and assessment. The established relationship between NCCADV and EVOLVE! Wilmington laid the groundwork for a productive work environment for our Capstone team and increased the potential for the sustainability of our Capstone work considerably.

**Project design and implementation factors.** According to Shediak-Rizkallah & Bone (1998), sustainability is a multi-dimensional concept; a diverse process that must include involvement from various levels in order to increase the likelihood of success. Because the tools, resources, and training workshop our Capstone team developed were produced in collaboration with agencies and stakeholders on multiple levels (individual, community, county, and state) the team anticipates that the uptake and institutionalization of these tools is quite likely. This adds considerably to the project's overall sustainability.

Additionally, the driving force behind the deliverables came from both the top-down and the ground-up. From the top down, the CDC and NCCADV requires that the CCRs within the DELTA network develop process, outcome, sustainability plans with accompanying tools. In addition to providing support to EVOLVE! Wilmington around evaluation plan and tool development, from the ground up, the team also met a need articulated by EVOLVE! Wilmington members: to develop, disseminate, and analyze the results of a community assessment in order to provide baseline data of community norms, attitudes and beliefs as they relate to DV.

With the goal of institutionalizing evaluation protocols, our Capstone team hoped to increase the capacity of CCR staff to conduct process and outcome evaluations that capture changes in residents' attitudes, beliefs, and behaviors as they relate to DV and healthy relationships. Our Capstone team demonstrated how to evaluate program activities through an engaging, participatory, and informative training workshop. The workshop's goal was that CCRs would feel confident in their ability to carry out evaluation activities as a part of their programs using the tools that they took part in creating. The workshop materials developed by our Capstone team can also be used by NCCADV or EVOLVE!

Wilmington staff members to administer refresher evaluation courses in the future. In addition, there are plans to post the evaluation tools and community assessment onto the NCCADV website. They will be downloadable tools that are a part of webinars on DV primary prevention program planning, evaluation, and sustainability. Each deliverable was designed to build EVOLVE! Wilmington's capacity to improve their ongoing DV prevention programming. With attention paid to the generalizability and transferability of the tools our Capstone team adapted, EVOLVE! Wilmington will likely be able to carry out community assessment and evaluation activities in the future with initial support and technical assistance from NCCADV.

**Factors within the broader community.** There were also factors within the broader community that potentially impacted the sustainability of this Capstone project. EVOLVE! Wilmington and NCCADV's work on the state and local level are often affected by national-level legislation and federal funding. Because NCCADV is a CDC-funded initiative, support for the work of EVOLVE! Wilmington is not guaranteed since funding for DV prevention activities is vulnerable to national-level budget cuts. In the current political climate, Congress is placing a large emphasis on deficit reduction and cutting the federal budget. However, there is also a larger national push by Democrats to prioritize women's issues, such as birth control access and renewing the federal Violence Against Women Act, in an effort to court the vote of this important demographic leading up to the 2012 presidential election. Funding allocation to EVOLVE! Wilmington could be affected by either of these national political trends.

### **Engagement & Assessment Findings**

The primary finding from our engagement activities was the importance of face-to-face communication with the EVOLVE! Wilmington members. Once our Capstone team revised our engagement approach and met with EVOLVE! Wilmington in-person, rather than email contact, the involvement of EVOLVE! Wilmington's members increased rapidly. This meeting proved to be a turning point in our relationship with the CCR. From that point forward, information, ideas, and materials

flowed back and forth freely as momentum from the October 2011 meeting continued through email. The members provided valuable insight into how the tools could be adjusted based on their knowledge of on-the-ground implementation of the programs. Once this line of communication had been established, it was easier to continue to work collaboratively with the CCR to adapt the process and outcome evaluation tools to the community context.

Another key finding was how to take advantage of unanticipated opportunities to increase community ownership of the process. During our discussions around the Community Assessment Survey, it became clear that Coastal Horizons had reservations about the deliverable since the organization was also planning a grant-required community assessment in the upcoming year. One of the members expressed concerns that volunteer resources available to implement such a community survey might be “tapped out” after our assessment and that the substantial overlap between our tools would make their efforts partially redundant. We were then able to collaborate with Coastal Horizons to merge our community assessment with theirs, serving to maximize our efforts and create more buy-in for our deliverables among the CCR members. The insights from both Reverend Houston and Katie Bennet, Coastal Horizon’s Rape Prevention Education Coordinator, ensured that the final version of the Community Assessment Survey, which underwent many iterations, fit the needs of both EVOLVE! Wilmington and Coastal Horizons.

Our Capstone team also found how to best utilize a key strength of our community partners: EVOLVE! Wilmington’s experience and connections in New Hanover. EVOLVE! Wilmington’s involvement in the assessment process dramatically changed the community assessment’s implementation plan. We originally based the community assessment’s implementation plan off the 2010-2011 Capstone team’s work in Chatham County, wherein volunteers tabled at local supermarkets, community colleges, and other community events. However, the EVOLVE! Wilmington members’ extensive experience conducting community assessments and the alternative implementation plan they developed addressed

many of the challenges in data collection faced by the 2010-2011 Capstone team. Including online surveys and links on prominent county websites maximized available community resources and increased the assessment's coverage of hard-to-reach segments of the population. The CCR had complete ownership of the assessment implementation, including the timeline for distribution, networking with different organizations within the community for distribution, and the promotional campaign that accompanied the community assessment. Our role during the data collection process was minimal and EVOLVE! Wilmington truly took control of the process, resulting in exceeding the original goal of 500 completed surveys.

We also used the results of our engagement process to narrow the scope of our evaluation plan. Initially, we had planned on developing toolkits for all five DV prevention programs in New Hanover. However, from our early meetings and discussions with Reverend Houston, the results of the evaluability assessment indicated that only two of the programs, the Civil Workplace Protocol and Faith Community Engagement, were well poised for evaluation. Due to inconsistent implementation and unclear logic models, the three other programs, Safe Dates, Men of Strength and Girls Circle, would not benefit, at this point in time, from evaluation efforts. In collaboration with Ms. Perkinson and Reverend Houston, we decided that resources would be best spent focusing evaluation on the Civil Workplace Protocol and Faith Community Engagement. The results of our engagement and evaluability assessment allowed us to balance the feasibility of developing an evaluation plan against the likely benefits of attempting to institutionalize evaluation among programs that were not ready. In addition, through the CCR member's involvement in tool development the evaluation training workshop, CCR member's may be able to our Capstone team's work to inform the development of new tools when timing is more appropriate.

## Deliverables Findings

The following table details each deliverable, its purpose, timeline, methods for completion, as well as key findings:

<b>Community Assessment Survey</b>	
<i>Purpose:</i> To develop a tool for EVOLVE! Wilmington and Coastal Horizons to assess New Hanover County residents' current knowledge, attitudes, and beliefs about DV and SV.	
<i>Timeline:</i> September 2011 – January 2012	
<b>Methods</b>	<b>Key Findings</b>
<ul style="list-style-type: none"> <li>Reviewed the 2010-2011 Community Assessment Survey for Chatham County</li> <li>Secured IRB approval</li> <li>Solicited feedback from EVOLVE! Wilmington members on potential changes</li> <li>In-person feedback session with EVOLVE! Wilmington members</li> <li>Collaboratively adapted content and implementation plan to address the challenges the 2010-2011 team faced</li> <li>Incorporated questions from Coastal Horizons</li> <li>Revised survey based on feedback from community partners and faculty advisor</li> <li>Developed online version of the survey</li> <li>Submitted final tools in paper and online form to community partners for data collection</li> </ul>	<p><b>Review of 2010-2011 survey</b></p> <ul style="list-style-type: none"> <li>Survey was too long and implementation plan presented challenges to achieving a large and diverse sample size</li> </ul> <p><b>In-person feedback session</b></p> <ul style="list-style-type: none"> <li>Community Assessment Survey can be combined with Coastal Horizons assessment to pool community resources</li> <li>EVOLVE! Wilmington has greater interest in DV in the workplace and SV issues than Chatham</li> <li>Long data collection periods are not feasible for community partners</li> <li>Online assessment surveys are an effective way to increase sample size and decrease the demand on staff resources</li> </ul>

<b>Process and Outcome Evaluation Toolkits</b>	
<i>Purpose:</i> To ensure that evaluation plans allow EVOLVE! Wilmington to measure both the process of implementing activities designed to prevent DV and the outcomes of the activities. Outcomes of interest include changes in participants' norms, attitudes, beliefs and behaviors surrounding DV and healthy relationships.	
<i>Timeline:</i> September 2011 – February 2012	
<b>Methods</b>	<b>Key Findings</b>
<ul style="list-style-type: none"> <li>Reviewed tools created by 2010-2011 Capstone team for Chatham County and assessed which evaluations we could adapt</li> <li>Revised logic models of EVOLVE! Wilmington DV prevention programming with community partner to reflect current activities</li> <li>Conducted informal evaluability assessment</li> </ul>	<p><b>Evaluability assessment</b></p> <ul style="list-style-type: none"> <li>Safe Dates, Men of Strength, and Girls Circle do not have consistent implementation and clear logic models, and therefore do not have the capacity to begin evaluation</li> <li>Faith Leaders Training and Civil Workplace Summit are ready to begin process and</li> </ul>

<p>to determine feasibility of instituting evaluation activities for each program</p> <ul style="list-style-type: none"> <li>Adapted pre/post Faith-based Chatham outcome evaluation tool for New Hanover Faith Leader Trainings</li> <li>Developed process and 6-month follow-up outcome evaluation tools for New Hanover Faith Leader Trainings</li> <li>Reviewed literature on workplace DV evaluation tools that assess healthy relationship norms and gender norms</li> <li>Developed pre/post, 6-month follow-up, and process evaluation tools for Civil Workplace Summit</li> <li>In-person feedback session with EVOLVE! Wilmington members</li> <li>Revised tools based on feedback from community partners and faculty advisor</li> <li>Submitted final tools to EVOLVE! Wilmington</li> </ul>	<p>outcome evaluation</p> <p><b>Review of tools created by 2010-2011 Capstone</b></p> <ul style="list-style-type: none"> <li>Current tools are long, overly complicated and cumbersome to fill out; tools should be simplified and pared down for intended users</li> <li>Faith-based programming in Chatham is similar to Faith Leaders Trainings in New Hanover and pre/post tools can be adapted for EVOLVE! Wilmington</li> <li>Process and 6-month follow-up tools should be developed based on curriculum</li> </ul> <p><b>Review of literature on workplace DV evaluation</b></p> <ul style="list-style-type: none"> <li>Currently existing tools are not appropriate for the Civil Workplace Summit</li> <li>Pre/post, process, and 6-month follow-up tools should be developed based on curriculum and the gold standard of workplace DV policies</li> </ul>
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<b>PowerPoint Presentation of Community Assessment Findings &amp; Fact Sheet of Community Assessment Findings</b>	
<p><i>Purpose:</i> To describe the results and implications of the data collected from the Community Assessment Survey and to present the findings in a meaningful and useful way to NCCADV, EVOLVE! Wilmington, and Coastal Horizons.</p>	
<p><i>Timeline:</i> February 2012 – March 2012</p>	
Methods	Key Findings
<ul style="list-style-type: none"> <li>Review descriptive analysis of 2010-2011 Capstone team</li> <li>Identify key variables of interest in collaboration with community partners</li> <li>Input data from paper surveys</li> <li>Clean data from online surveys</li> <li>Conduct data analysis</li> <li>Produce PowerPoint presentation of community assessment findings for EVOLVE! Wilmington and Coastal Horizons</li> <li>Produce fact sheet of community assessment findings for EVOLVE! Wilmington and Coastal Horizons</li> </ul>	<p><b>Review of 2010-2011 descriptive analysis</b></p> <ul style="list-style-type: none"> <li>2010-2011 descriptive analysis is long and very detailed, however not written for use by a lay audience</li> <li>Presenting the results in a shorter, more easily understood format will increase utilization of the deliverable by community partners</li> </ul> <p><b>Identification of key variables</b></p> <ul style="list-style-type: none"> <li>Capstone partners were most interested in seeing a breakdown of DV and SV myths by gender and education, bystander efficacy by age, and awareness of services by zip code</li> </ul> <p><b>Data analysis</b></p> <ul style="list-style-type: none"> <li>There seems to be a disconnect in residents' perceptions of DV and SV; respondents recognize that sexual violence and domestic violence are problems on the county level,</li> </ul>



	<p>but not within the workplace or among close friends.</p> <ul style="list-style-type: none"> <li>○ 93% of respondents agree or strongly agree that domestic violence is an issue that impacts the whole community, even those who are not directly experiencing it</li> <li>○ 87% of respondents agree or strongly agree that sexual violence is a problem in New Hanover County</li> <li>○ 54% of respondents agree or strongly agree that domestic violence is affecting or has affected their closest friends</li> <li>○ 35% of respondents agree or strongly agree that that domestic violence has negatively affected their workplace</li> </ul> <ul style="list-style-type: none"> <li>● There was almost no variation between the percent of men and women who agreed with DV and SV myths; there was a large variation in who agreed with DV and SV myths between education levels.</li> <li>● Younger and older age groups had the lowest bystander efficacy.</li> <li>● Over 95% of people believe that services should be funded to both support victims and their children and to prevent domestic violence and sexual violence.</li> <li>● Zip code 28412 had the lowest awareness of DV and SV services.</li> </ul>
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Evaluation Training Workshop Findings	
<p><i>Purpose:</i> To build CCR members capacity to conduct process and outcome evaluations of their programs using the toolkits developed by the Capstone team. Training will include Evaluation 101 (led by Capstone team), interactive demonstrations on how fill out evaluation tools and input information into online database management system, as well as data analysis (led by NCCADV).</p>	
<p><i>Timeline:</i> February 2012 – April 2012</p>	
Methods	Key Findings
<ul style="list-style-type: none"> <li>● Identify training methods</li> <li>● Conduct evaluation training workshop</li> <li>● Conduct participant evaluation of training workshop</li> </ul>	<p><b>Identification of training methods</b></p> <ul style="list-style-type: none"> <li>● Based on UFE framework, the Capstone team compiled hypothetical data and led participants through a simulation of data input, analysis, interpretation, and recommendations for the program</li> </ul> <p><b>Participant evaluation of training workshop</b></p> <ul style="list-style-type: none"> <li>● Participants had previous negative and frustrating experiences with evaluation</li> </ul>

	<ul style="list-style-type: none"> <li>• Participants' confidence in creating logic models and using SurveyMonkey™ increased</li> <li>• Most participants indicated that they would use the information from the training to implement changes in their organization</li> </ul>
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## Discussion

### Strengths and Limitations of Engagement & Assessment Activities

Originally, we envisioned our role in the Capstone project as that of advisors. Our interactions with EVOLVE! Wilmington would consist of providing drafts of the completed tools and receiving feedback through email. This level of engagement, which is primarily comprised of one-way communications, is classified within the CDC's (2011b) Community Engagement Continuum as consultation. However, through our work and the iterative feedback process in which we engaged, we were able to increase community ownership, trust, and information flow and move toward collaboration, characterized by greater community involvement, bi-directional communication flow, and extensive partnership on all aspects of the project (CDC, 2011b). For the assessment component of our work plan, EVOLVE! Wilmington and Coastal Horizons had extensive experience with community assessments and felt confident developing the Community Assessment Survey and implementation plan. This sense of ownership is evidenced by the fact that our community partners were wholly responsible for the data collection process. While there is currently no plan to sustain the use of the Community Assessment Survey, Coastal Horizons is required to perform an assessment every three years. Our engagement activities effectively shifted our role from just consulting for EVOLVE! Wilmington to a more collaborative relationship. Both the Community Assessment Survey and the implementation plan we developed together with our partners can serve as a model for future data collection.

However, we acknowledge several limitations in our engagement process. For the evaluation component of our work plan, our community partners had less experience with process and outcome evaluation and therefore took on a more active role in the tool development. Although we sought input

from the intended users to develop the process and outcome tools, our community partners served more as advisors on this component rather than full partners. We attempted to reinforce the sense of ownership of evaluation tools through a capacity building workshop.

With New Hanover County located nearly three hours from Chapel Hill, distance hindered many of our activities, including fostering a more collaborative relationship. To strengthen ties with our New Hanover County collaborators despite the geographic distance, our Capstone team developed a system of regular communication in which we periodically met with CCR members in person while corresponding via email between visits. Nevertheless, there are many instances when in-person interaction would have been preferred to facilitate work on the deliverables.

Furthermore, while our Capstone team was able to successfully work with EVOLVE! Wilmington, we would have liked to volunteer with EVOLVE! Wilmington projects in order to get a more insider perspective on the organization, demonstrate our commitment to their programming, and to get to know the individual members of EVOLVE! Wilmington better. Had we been closer, our Capstone team members could have helped with community assessment data collection as well as attended the Civil Workplace Summit and several Faith Leader Trainings. However, because of the distance and the cost of travel, we were unable to engage on this level. While we were able to successfully collaborate with EVOLVE! Wilmington, perhaps our relationship could have been stronger if we were physically closer. Overall, our engagement process emphasized the importance of community involvement at each step, face-to-face interaction, and honoring the community's expertise.

### **Potential Impact & Benefits**

By planning for sustainability and conducting meaningful engagement, we increased the likelihood that our activities over the course of our Capstone experience had a meaningful impact on both our community partners and us as students.

**Community partners.** Prior to the Capstone project there were few tools to evaluate process and outcome of DV programs at the local level and the ability to tailor programs to address local norms was limited. From the beginning of the Capstone experience, the team paid close attention to addressing these gaps by working with EVOLVE! Wilmington members to increase their capacity to improve their ongoing DV prevention programming. Each deliverable has contributed to this collective goal in the following ways:

<b>Impacts and Benefits of Capstone Deliverables</b>	
<b>Deliverable</b>	<b>Impact/Benefit</b>
Process and Outcome Evaluation Toolkits for Faith Leader Training and Civil Workplace Summit	As a result of the development of the evaluation tool, EVOLVE! Wilmington will be able to utilize evaluation tools in order to document the process and measure the effects of primary prevention activities. They can then use this information to inform and improve future programming, and well as apply for future funding. These tools may also be adapted for other communities in North Carolina and other states.
Community Assessment Survey	As a result of the assessment, our community partners now have the ability to assess norms pertaining to DV and healthy relationships. This assessment will fill the information gap about DV at the county level and may be used as baseline data for future community assessments by EVOLVE! Wilmington.  The Community Assessment may be distributed to other domestic violence or rape crisis agencies in North Carolina and other DELTA States
PowerPoint Presentation and Executive Summary of the Descriptive Analysis	As a result of the presentation and executive summary, EVOLVE! Wilmington will be able to easily communicate the assessment results to a variety of audiences, including community members and funders. The findings will guide the development of future prevention activities and materials.
Evaluation Training Workshop for CCRs in Chatham and New Hanover Counties	The evaluation training workshop deliverable provides both the New Hanover and Chatham County CCRs with a background in evaluation basics, hands-on experience collecting process and outcome data, inputting information in an online data management system, and conducting analysis.  As a result of the workshop, EVOLVE! Wilmington and The Coalition for Family Peace will have the skills and knowledge they need to support the institutionalization of evaluation and improve their ongoing DV

	<p>prevention activities. Their increased capacity to collect, analyze and interpret data and use evaluation results to improve and sustain programming will position them well to apply for future funding.</p> <p>At the state level, NCCADV can use this workshop as a model for evaluation trainings for local domestic violence service providers throughout North Carolina.</p>
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In the long term, we hope that EVOLVE! Wilmington’s increased capacity to improve their ongoing DV programming will result in decrease incidence and prevalence of DV in New Hanover County, thus benefitting the entire New Hanover community. Currently, there are no known additional or unintended consequences resulting from capstone activities at this time.

*Capstone Students:* Through collaboration with NCCADV and EVOLVE! Wilmington, we were able to gain skills and direct experience with community assessments, data analysis, process and outcome evaluation tool development, and training workshop development. Also, we gained knowledge of DV and the complexities of prevention work. We benefited immensely from observing and partnering with a collaborative network of practice-based agencies working to prevent DV.

## **Lessons Learned & Challenges**

Overall, we were incredibly fortunate to have a very productive working relationship with our partner organizations, faculty advisor, teaching team, and each other. We faced challenges, but were able to overcome them with flexibility, patience and a positive attitude. In fact, each challenge turned into a lesson from which we all benefited.

The distance between Orange and New Hanover Counties posed the first challenge to our Capstone work. However, we were able to maintain weekly contact with Ms. Perkinson, who then facilitated contact with Reverend Houston based in New Hanover. While we were able to visit New Hanover three times over the course of the year and have a very productive working relationship from afar, it would have been beneficial to be in closer proximity to the community so we could have been

more involved in their activities and developed closer relationships with our partners. This situation built our communication skills, tested our patience and allowed us to gain experience working with a community who we could not see on a day-to-day basis. While it was a difficult adjustment, it proved to be a great lesson in the power of good communication skills and flexibility. We learned that fostering this collaborative relationship takes time and extra effort at a distance. Furthermore, we came to appreciate the importance of an involved community. Their guidance on how to conduct the community assessment, develop process and outcome evaluation tools and necessary content for the training truly shaped our approach. Our project would not have been possible without their expert knowledge in primary prevention and familiarity with existing resources within the New Hanover community.

Another challenge we faced near the end of the first semester was when CDC funding for EVOLVE! Wilmington was put into jeopardy. We learned first-hand how funding cuts and delays can threaten the sustainability of local CCR programming. During the course of the 2011-2012 Capstone experience, CDC gaps in the disbursement of DELTA funds due to Congressional budgetary delays threatened 100% of EVOLVE! Wilmington's funding. Thankfully, the CDC released a one-year cost extension application that the 14 CDC DELTA grantees were eligible to apply for. NCCADV applied, was awarded the extension, and funding was secured for the year. This illustrated for us that while funding for the longstanding DELTA initiative seems relatively secure given its documented success, the current economic and political climate in which social programs are being cut can significantly affect the sustainability of project efforts.

This was a challenge completely out of our control. However, this challenge turned into a lesson learned. At our first meeting with the EVOLVE! team, when we were obtaining feedback on the community assessment tool, Coastal Horizons asked to collaborate on the Community Assessment Survey. At first, we were a bit nervous since it would mean adding more questions to the already lengthy instrument, but they assured us that they would help with the distribution and collection. The next

week, when the CDC funding was uncertain, we were very glad to have not turned down the offer to collaborate with another partner organization who would have been able to step in and help with the logistics of data collection had EVOLVE! Wilmington members been unable to do so. We were forced to be resourceful and to think seriously about the sustainability of our efforts given that the funding was put into question. This experience reinforced for us the importance of a committed staff and strong partnerships between stakeholders in order to overcome threats to sustainability due to factors within the broader community.

We also found it difficult to define our “community” in the beginning of the year because we worked closely with a local organization instead of the broader population of New Hanover County residents. There were degrees of separation between our Capstone work and the DV prevention work on the ground that affected the very distal outcome of DV in New Hanover County. As we worked through our deliverables and reports, we found it hard to describe the intended beneficiaries of our work and how that was directly related to DV prevention efforts. In order to overcome this challenge, we conceptualized our community as EVOLVE! Wilmington members, the direct beneficiaries of our Capstone deliverables.

The lessons learned and challenges faced helped us grow personally and professionally. The opportunity to work through some of these challenges provided important lessons in flexibility, sustainability and community-focused work.

### **Considerations for Sustainability**

The key aspects of the Capstone project that will likely be sustained are the use of process and outcome evaluation tools. The majority of our efforts throughout the year focused on developing these tools collaboratively with staff members, ensuring they were easy to use, feasible to implement, and in-line with the realities of DV prevention work in New Hanover. Overall, our Capstone team’s efforts will be sustained through ongoing utilization of the evaluation tools and protocols among EVOLVE!

Wilmington members. Data-driven program improvement will increase the likelihood that evaluation will be institutionalized into EVOLVE! Wilmington's organizational climate and primary prevention programming.

There are several key factors that NCCADV should consider when planning for the long-term sustainability of local evaluation by CCR teams. The first is that program champions within the CCR play an integral role in sustainability. Through our close partnership with Reverend Houston, he was able to galvanize CCR members to participate in tool development and attend the evaluation workshop. Since these CCR members are the staff that will eventually be institutionalizing the use of the evaluation tools within the organization, Reverend Houston's ability to create buy-in was and will continue to be an important component of sustainability.

Additionally, continued collaboration with CCR members conducting evaluation will be important. Although the evaluation toolkits were developed with agencies and stakeholders on multiple levels, these tools should be seen as living documents in order to increase sustainability. As the CCR begins to use the evaluation toolkits in real world settings, it will be important for NCCADV to work closely with CCR members to understand what components of the process and outcome surveys are effective and what components are challenging or confusing for respondents. The CCR will initially require ongoing technical assistance from NCCADV in order to address these issues by revising the toolkits.

Potential funding cuts and delays will continue to jeopardize the institutionalization of local CCR evaluation. Although there is little that NCCADV can do to directly diminish this threat to sustainability, they can develop alternative funding mechanisms to prepare for the possibility of funding loss. Having a backup plan for how Reverend Houston will continue to be paid through other grants will provide increased stability to the CCR and mitigate the effect of funding loss on sustainability. NCCADV should plan for sustainability by addressing these key factors as they move forward with the DELTA initiative.



## **Conclusion & Recommended Next Steps**

Through this Capstone experience, we felt that our activities enhanced the capacity of our community partners to improve their ongoing work in New Hanover County. Each deliverable significantly contributed to this collective goal through well-defined benefits for our community partners. We reinforced the impact of our deliverables through successfully planning for sustainability and community engagement.

The next step in the process of empowering local providers to effectively evaluate prevention programs is to continue to train local DV prevention staff. While current staff have been trained in process and outcome evaluation, turnover may undermine the effectiveness of our Capstone work. In the future, it would be most beneficial to create webinars and online tutorials on assessment and evaluation that can be disseminated to future staff in New Hanover County, but that can also be disseminated to other organizations with similar programs and capacities. Additionally, our county level community partners would benefit from trainings on how to tailor community programs based on the community assessment and feedback from their ongoing evaluations. NCCADV has made these next steps a priority for the DELTA Project Prevention Coordinator in the future. We are immensely grateful for the support of our community partners and for the time and dedication of all those who contributed to our project, and we enthusiastically anticipate the successful use of these items by EVOLVE! Wilmington, FVRC, NCCADV, Coastal Horizons, and other agencies in the future.

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## Appendices

### Appendix A. NC DELTA: Capstone Work Plan

#### A. Capstone Team Members

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## **A. Capstone Title**

North Carolina Domestic Violence Enhancement and Leadership Through Alliances (NC DELTA) Community Assessment and Evaluation Project in New Hanover County, NC.

## **B. Capstone Project Description**

Intimate partner violence (IPV) results in a range of negative health outcomes, including fatal and non-fatal injuries, unwanted pregnancy, STIs and mental health problems. In North Carolina, 1 in 5 women reports experiencing IPV during her lifetime (NCCADV, 2010). The North Carolina Coalition Against Domestic Violence (NCCADV) was selected by the CDC to participate in The Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA), with the goal of increasing state and local capacity to evaluation first time perpetration of IPV prevention efforts (CDC, 2011).

The Capstone Team will be working with the local Coordinated Community Response Team (CCRs) called EVOLVE! (Encouraging Values and Opportunities for Living in a Violence-free Environment) in New Hanover County to:

1. Refine process and outcome evaluation toolkits from Chatham County's faith initiative for primary prevention strategies with input from the EVOLVE! Wilmington team. Create process and outcome evaluation toolkits for Worksite primary prevention initiative for EVOLVE! Wilmington.
2. Revise the Chatham County social norms tool for New Hanover County. Capstone team will solicit feedback on the revised community assessment from EVOLVE! Wilmington. Capstone team will alter the tool according to the feedback received. EVOLVE! will conduct the community assessment using the revised tool. All hard copies of the community assessment will be mailed to the Capstone team and the Capstone team will enter the data. The Capstone team will analyze the data collected to ensure that current primary prevention activities are appropriate, relevant, accessible and acceptable to New Hanover County residents.
3. Assist in planning and conducting a workshop during spring semester for local CCR's on how to "do" evaluation (collect, analyze, interpret data, and use data to inform/refine prevention programming).

## **C. Deliverables & Activities**

*Please list all Capstone deliverables and their purposes; the activities necessary to complete them; and the timeline for completing them.*

**Deliverable I: Local process and outcome evaluation toolkits** for Faith and Worksite based programs to be submitted by NCCADV in April 2012

*Purpose:* To ensure that evaluation plans allow EVOLVE! Wilmington to measure both the process of implementing activities designed to prevent IPV and the outcomes of the activities. Outcomes of interest include changes in participants' norms, attitudes, beliefs and behaviors surrounding IPV and healthy relationships.

*Rationale for Changes:* The Faith and Worksite programs are the two New Hanover projects that are most established and ready to institute evaluation. The three other programs (Girls Circle, Men of

Strength and Safe Dates), are less standardized and currently do not have the capacity to begin evaluation.

This deliverable is an evaluation survey instrument. The outcome evaluation tools will be approximately 5 pages long and the process tools will be approximately 2 pages. The tools are meant to evaluate the process of implementing programs designed to prevent IPV and the outcomes of those activities. NCCADV is building an online database that will house these tools. Community CCRs will input the data into the database at least every 6 months. During the workshop in April (explained in Deliverable 5), we will explain how to use the evaluation tools, the database, input data and analyze that data.

Point People: Molly, Sarah, and Leah

*Activities/Timeline:*

ACTIVITIES	DUE DATES
Review local outcome and process evaluation drafts; outcome evaluation for Coalition for Family Peace prevention efforts, and all CFP and EVOLVE! logic models and narratives	Completed - September 15, 2011 JS, SJ, MM, SW, LG
Review literature on evaluation tools that assess healthy relationship norms and gender norms	Completed - September 15, 2011 SW, MM, LP
Meet with Rick Houston, Beth Moracco, and Leah Perkinson to review what we have and what we'd like to develop	Completed Rick: JS, SJ, MM – Sept. 29 Beth: SW, LG, MM – Sept. 27
Refine Chatham County's Faith process and outcome evaluation tools to be applicable to New Hanover County (submit to EVOLVE! for review)	Completed - October 10, 2011 MM, LG, SW
Incorporate Rick's feedback on process and outcome evaluation	Completed - October 31, 2011 MM, LG, SW
Refine Faith process and outcome evaluation tools (submit to Beth for review)	Completed - November 10, 2011 MM, LG, SW
Incorporate Beth's feedback on Faith process and outcome evaluation tools	Completed - November 30, 2011 LG, SW
Create Worksite process and outcome evaluation drafts (submit to EVOLVE! and Beth for review)	Completed- January 16, 2012
Incorporate Beth's feedback on Worksite process and outcome evaluation tools	Completed- January 23, 2012
EVOLVE! Meeting in New Hanover to get CCR feedback on evaluation tools	Completed- January, 2012
Incorporate EVOLVE! feedback in Faith and Worksite tools	Completed- February 4, 2012
Final tools submitted to Kris for input into online database	Completed- February 27, 2012

**Deliverable 2: Community assessment instrument** of knowledge, attitudes, and beliefs about DV and sexual violence

*Purpose:* To develop a tool for EVOLVE! Wilmington and Coastal Horizons to assess New Hanover County residents' current knowledge, attitudes, and beliefs about DV and sexual violence

*Rationale for Changes:* The current tools are written for Chatham County's CCR. The Capstone team will collaborate with EVOLVE! Wilmington and with Coastal Horizons Rape Crisis Center to refine the instrument developed by last year's capstone team and to combine Coastal Horizons' assessment in order to understand the social norms in New Hanover County.

This deliverable is a survey. It will be approximately 9 pages long. It is meant to assess the domestic violence and sexual violence knowledge, attitudes, and beliefs in New Hanover County. Data collection will be done with paper surveys at community events, in public spaces and online. The survey was posted online on Coastal Horizon and Open Gate's websites. Additionally, the tool will be emailed out to other organizations at EVOLVE! Wilmington and Coastal Horizon's discretion. Paper surveys will be mailed back to Chapel Hill. Data will be input by Capstone members. Approximately 300 people will complete the survey. Data analysis is explained in Deliverable 3.

Point People: Suzannah and Jill

*Activities/Timeline:*

ACTIVITIES	DUE DATES
Review community assessment toolkit	Completed - September 12, 2011 LG, SW, MM, JS, SJ
Send email to EVOLVE! members soliciting feedback on ways to refine instrument	Completed - September 7, 2011 JS
Web chat with Rick, Beth, Leah P. to identify ways to refine instrument	Completed - September 15, 2011 JS, SJ
Refine tool based on feedback- draft 1	Completed - September 28, 2011 JS, SJ
Secure IRB approval to conduct 500 surveys in New Hanover County	Completed – October 5, 2011 LG
Travel to New Hanover County to present draft 1 of instrument, introduce data collection, and solicit community feedback.	Completed - October 24, 2011 JS, SJ, LG, MM, SW
Make suggested revisions from meeting to instrument and incorporated Costal Horizons questions.	Completed - October 30, 2011 JS, SJ, LG, MM, SW
Submit draft 2 to Leah P, Costal Horizons, and Beth for feedback	Completed – JS, SJ

Revise instrument based on feedback- draft 3	Completed- JS, SJ
Submit draft 3 to Coastal Horizons and Leah P	Completed- JS, SJ
Incorporate feedback to produce draft 4 of community assessment tool. Submit draft 4 to Leah P, Beth, Rick, Kris, and Coastal Horizons	Completed – November 30, 2011 JS, SJ
Incorporate final feedback. Submit final tool to Leah P, Kris, Coastal Horizons, and Beth	Completed- December 15, 2011 JS, SJ
Make Qualtrics account. Produce draft 1 of internet survey by inputting finalized draft into Qualtrics. Take survey and fix glitches. Fix and produce draft 2.	Completed- December 28, 2011 JS, SJ, LG, MM, SW
Translate completed community assessment into Spanish.	Completed- January 20, 2012
Submit final draft of Qualtrics survey to Leah P, Beth, Kris, Rick, and Coastal Horizons.	Completed- January 11, 2012
Submit final tools to NCCADV and EVOLVE! Wilmington team via email. Outline goals and remind team about the methods of data collection.	Completed- January 13, 2012
Ongoing data collection. EVOLVE! Team and New Hanover community members collect data at community events, community colleges, supermarkets, and other suggested locations. Implement online web surveys. Completed surveys sent to capstone team by Rick every two weeks and capstone team inputs data.	Completed January 13, 2012- February 25, 2012

**Deliverable 3: Summary report, PowerPoint Presentation, and executive summary of the descriptive analysis of the outcomes of the community assessment** of knowledge, attitudes, and beliefs about DV and sexual violence

*Purpose:* To describe the results of the data collected from Deliverable 2 and implications of the New Hanover County community assessment and to present the findings in a meaningful and useful way to NCCADV, EVOLVE! Wilmington, and Coastal Horizons.

The survey will be analyzed using SAS. The surveys will be analyzed to determine what myths should be targeted in this community. Exact variables which will be analyzed will be determined through a conversation with Leah P, Rick, and Coastal Horizons. The analysis will primarily be a report of mean answers and cross tabulations of risk factors to characterize the community best.

Point People: Jill, Molly, and Suzannah

*Activities/Timeline:*

ACTIVITIES	DUE DATES
End data collection	Completed- February 25, 2012
Review descriptive analysis from 2010-2011 Capstone team	Completed- February 25, 2012
Meet with Rick, Leah, Beth to identify specific variables and	Completed- March 15, 2012



information that EVOLVE! would like analyzed	
Conduct data analysis	Completed- February 15, 2012- March 25, 2012
Produce first draft of summary report	Completed- March 29, 2012
Incorporate feedback on report from Leah P	Completed- April 3, 2012
Produce PowerPoint Presentation for EVOLVE! Wilmington and Coastal Horizons	Completed- April 12, 2012
Produce executive summary for EVOLVE! Wilmington	Completed- April 12, 2012
Produce summary report for NCCADV	Completed- April 12, 2012

**Deliverable 4: Presentation at the annual Take Back the Night Event in Wilmington, NC of the descriptive analysis of the outcomes of the community assessment** of knowledge, attitude, and beliefs about DV and sexual violence

*Purpose:* The purpose of deliverable four is to disseminate the results of the community assessment to New Hanover residents, EVOLVE! Wilmington, and key stakeholders at a public event.

Point People: Jill and Molly

*Activities/Timeline:*

ACTIVITIES	DUE DATES
Produce descriptive analysis and draft presentation and send to EVOLVE! Wilmington for feedback	Completed- March 12, 2012- March 29, 2012
Incorporate feedback and finalize presentation	Completed- April 3, 2012
Present at the Wilmington Take Back the Night event	Completed- April 5, 2012

**Deliverable 5: Workshop on how to evaluate for local CCR agencies**

*Purpose:* To teach CCR members how to conduct process and outcome evaluations of their programs using the tools developed. Overall, we hope to convey the importance of how evaluation results can inform practice.

NCCADV will take the lead on this deliverable. They will produce the majority of the 5-hour training workshop curriculum. The goal of the training is to teach Chatham County and New Hanover County CCRs how to use the evaluation toolkits that were developed for them by the 2010-2011 and 2011-2012 Capstone teams, respectively. The workshop will open with an "Evaluation 101" discussion led by the Capstone team. Then NCCADV staff will take the lead on the presentation through active participation. NCCADV and Capstone team members will walk community members through the process of conducting a mock evaluation. The training materials will be turned over to the local CCRs.

Point People: Leah, Sarah, and Suzannah

*Activities/Timeline:*

ACTIVITIES	DUE DATES
Develop assessment of training needs	Completed- March 1, 2012
Assessment and evaluation of CCR member's training needs.	Completed- March 1, 2012- March 15, 2012
Identify adapt and/or develop curriculum materials to meet identified needs (including creation of pre-posttest evaluation tool).	Completed- February 6, 2012- March 26, 2012
Conduct and assist at workshop training	Completed- April 5, 2012

#### **D. Important HBHE Principles**

##### **a. Theory-Grounded**

*Please explain how the Capstone project work will be grounded in theory.*

Evaluation will draw from the integrated behavioral model (in order to assess the success of EVOLVE! Wilmington in changing individual and societal attitudes and norms regarding IPV) and transtheoretical model (in order to identify community state of change) (Delta community access and evaluation team 2010-2011, ND; Montaña & Kaszyk, 2008; Prochaska, Redding, & Evers, 2008)..

##### **b. Evidence-Based**

*Please explain how the Capstone project efforts will be evidence-based.*

There is little evidence of the effectiveness of primary prevention programming for IPV. However, EVOLVE! Wilmington and other CCRs (who are a part of the CDC's DELTA program) around the country have been relying on evidence-based practices to inform their current work surrounding primary prevention of IPV. Students will work with CCR teams to develop evaluation tools to assess their primary prevention programs. The results of this evaluation will be used to refine current program practices, thus adding to the evidence base.

##### **c. Participatory**

*Please explain how the Capstone project efforts will involve the intended audience.*

Since involving the entire population of New Hanover county is beyond the scope of our Capstone, we intend to treat EVOLVE! Wilmington CCR as our direct community partner. We hope to reach the broader New Hanover community through this already established community-based organization. Students will work closely with Rick Houston and his team in order to ensure that current primary prevention activities are appropriate, relevant, accessible and acceptable to New Hanover County residents. By working closely with the Empowerment Evaluator, NCCADV and CCRs throughout this process, the Capstone team hopes to increase the capacity of CCR members to conduct process and outcome evaluations that capture changes in residents' attitudes, beliefs and behaviors as they relate to IPV and healthy relationships, and use evaluation results to inform programming. Building upon the community-based work of the 2009-2010 and 2010-2011 Capstone teams, we hope to continue to engage and work alongside our community partners throughout the year.

##### **d. Public Health-Oriented**

*Please explain how the Capstone project work will impact public health.*

We will engage in activities to prevent Intimate partner violence (IPV), which has been shown to have long lasting and complex consequences that impact families, schools workplaces and communities.

e. Attention to the Potential for Sustainability and Dissemination

*Which project outputs should be sustained after the Capstone project ends, how, and by whom? How will you share outcomes with stakeholders, relevant institutions, organizations, and individuals?*

Students will finalize local evaluation plans for local CCR teams to be submitted to the CDC. They will also conduct a pre and post evaluation capacity assessment and present a summary report to CCR members outlining a plan which informs/refines primary prevention programming. We also intend to complete a descriptive analysis of the Community Assessment and present our results to EVOLVE! Wilmington and CCR members. Our team will seek community input and engagement throughout the year, ensuring the sustainability of our efforts.

**E. IRB Implications**

*Will you be conducting secondary data analysis or primary data collection? Do you plan to pursue additional activities with the same information for dissemination (e.g., conference paper, article)? Please refer to the IRB Guidance for Student Research and Class Projects document to determine whether or not you will need to do an IRB.*

We understand that if the Capstone team wants to present our findings anywhere, we will need to do an IRB.

**F. Roles & Responsibilities**

*The Capstone has four stakeholder groups: students, community partners, faculty advisers, and the HBHE Department, as represented by the Capstone teaching team. The roles and responsibilities for each of these groups are outlined in Appendix A. The student team has identified the following team members for the roles listed below:*

- a. Teaching Team Liaison: Leah Gordon
- b. Mentor (Community Partner and Faculty Adviser) Liaison: Molly McFatrach
- c. Department Liaison: Jill Simmerman

**G. Resources**

a. Capstone Site Resources

The HBHE department will reimburse up to \$100 of expenses relating to the direct activities necessary to carry out the established deliverables of the Capstone team.

Transportation reimbursement: Leah Perkinson can reimburse for up to 3 trips total and can cover mileage at .39/mile. We will not be reimbursed for food or lodging.

b. Capstone Partner Key Personnel

*Please use the table below to identify key personnel (besides the community partner) at the Capstone organization/agency who will interact with the Capstone team.*

Name,	Title	Relationship
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Degree(s)		to Capstone Team
Rick Houston	CCR New Hanover County	IPV and knowledge of community

c. Consultants on Call

Name, Degree(s)	Title	Area(s) of Expertise
Mike Bowling	HBHE Professor	Biostatistics
Michael Emch	Geography Professor	GIS
Katie Bennett	Rape Prevention Education Coordinator	Coastal Horizons

## H. Logistical Considerations

a. Travel

*What special travel considerations exist for the student team? If travel is required, who is covering that expense?*

Transportation reimbursement: Leah Perkinson can reimburse for up to 3 trips total and can cover mileage at .39/mile. We will not be reimbursed for food or lodging.

## I. Permissible Uses of Information

a. Ownership of the Deliverables

Students will be allowed limited use of the work produced in pursuit of their educational and professional careers. Dissemination in any form (including a publication or abstract) will require approval by the faculty advisor.

b. Authorship

If published, the lead Capstone student team member assigned to the specific deliverable will be included as author, if his/her work is of suitable quality. Other Capstone student team members could potentially receive co-authorship for a publication that they did not lead, if their contribution warrants authorship.

c. Use of Recorded Materials

In accordance with IRB requirements, IRB-approved staff will have access to these materials for project purposes only. NCCADV will have ownership over any recorded materials generated from Capstone project work. HBHE cannot use recordings or interview transcripts.

## References

- Centers for Disease Control and Prevention (CDC). (2011). Domestic violence prevention enhancement and leadership through alliances (DELTA). Retrieved from <http://www.cdc.gov/violenceprevention/DELTA/>.
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